



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MOTOR VEHICLES
P.O. BOX 27412, RICHMOND, VIRGINIA 23269-0001
TELEPHONE NUMBER (804) 367-0901

DSD 15 (05/96)

WATERCRAFT TRAILER DEALER CERTIFICATE OF REGISTRATION APPLICATION

FOR REGISTRATION MONTH/YEAR ENDING _____

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| FOR DMV USE ONLY CERTIFICATE NUMBER: _____ | TYPE OF APPLICATION <i>Check one:</i> _____ Initial Application \$50 FEE* _____ Renewal Application \$50 FEE* _____ Change (Explain) _____ _____ |
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|--|--|--------------------------------|-----------|
| NAME OF BUSINESS | | TRADING AS NAME | |
| BUSINESS ADDRESS | | | |
| STREET (P.O. BOX ONLY IS NOT ACCEPTABLE) | | CITY | STATE ZIP |
| OWNER'S NAME AND RESIDENTIAL ADDRESS | | | |
| DEALER'S SSN OR EMP. I. D. # _____ | | BUSINESS PHONE NUMBER _____ | |
| PRIVACY STATEMENT In accordance with Sections 2.1-196.1, 2.1-731 and 2.1-734 et al of the Virginia Code, the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes. You must be a licensed Watercraft Dealer selling Watercraft Trailers to apply for this registration. | | | |
| Licensing Agency: Department of Game and Inland Fisheries | | | |
| LICENSE NUMBER: _____ | | LICENSE EXPIRATION DATE: _____ | |

STATEMENT OF UNDERSTANDING AND CERTIFICATION

I certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly make a false statement and any violation will be punishable as a Class 2 misdemeanor.

Name of Business

Signature of Owner, Partner, or Officer of the Business

***REQUIRED DOCUMENTS:** Attach a copy of current Watercraft Dealer license to this application and return with proper fee.